

STATE OF MAINE
BOARD OF SOCIAL WORKER LICENSURE
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035

REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION HOURS

Program sponsors who wish to apply for pre-approval of continuing education hours should complete this form, attach the required documentation and mail to the Board at the above address. Submissions by fax and e-mail are not accepted. A complete request includes:

- Completed form (Fill in form completely, including address and dates of program. Attach additional pages if necessary.)
- Program outline specifying the time breakdown
- Program goals and objectives
- Presenter's vitae or detailed brochure write-up

All materials must be received and reviewed in advance of the program presentation so be sure to submit your request in a timely manner.

Program Title: _____

Program Date(s): _____ _____ _____	Program Time(s): From _____ to _____ From _____ to _____ From _____ to _____	Program Location: _____ _____ _____
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Total Length of Activity (Do not include registration, breaks, lunch, etc.): _____ Number of Hours requested: _____

Name(s) of presenter(s) and credentials (attach vitae or detailed brochure write ups):

In this space, please provide a statement demonstrating the direct relevance and applicability of this activity to the practice of social work. If you do not clearly demonstrate direct relevance, the program will be denied. A program for which pre-approval has been sought and denied is not eligible for continuing education credit.

Name of Program Sponsor(s): _____

Complete address (Street, City, State and Zip Code): _____

Name of Contact Person: _____ Telephone Number: _____

I hereby certify that the information given on and mailed with this form is correct to the best of my knowledge and belief:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____
 Approved Number of Hours: _____ Denied Reason: _____